

# UNITED STATES COURT OF APPEALS DISTRICT OF COLUMBIA CIRCUIT

333 Constitution Avenue, NW  
Washington, DC 20001-2866  
Phone: 202-216-7000 | Facsimile: 202-219-8530

## CRIMINAL DOCKETING STATEMENT

(To be completed by appellant)

1. Appellate Case Number: \_\_\_\_\_ 1a. Criminal Action Number: \_\_\_\_\_
2. Case Name: \_\_\_\_\_
3. Appellant's Name: \_\_\_\_\_
  - 3a. Appellant's Defendant No.: \_\_\_\_\_ 3b. Appellant's Fed. Reg/PDID No. \_\_\_\_\_
4. Date of conviction \_\_\_\_\_ 4a. Date of sentence \_\_\_\_\_
5. Name of District Court Judge \_\_\_\_\_
6. Date of Notice of Appeal Filed: \_\_\_\_\_
7. Offense(s) of conviction: \_\_\_\_\_
8. Did appellant plead guilty? ☐ Yes ☐ No
9. What sentence was imposed? \_\_\_\_\_
10. How much of the sentence has appellant served? \_\_\_\_\_
11. Is appellant challenging the conviction? ☐ Yes ☐ No
12. Is appellant challenging the sentence? ☐ Yes ☐ No
13. Has appellant filed a post-conviction motion? ☐ Yes ☐ No
 

If yes, what motion, date filed, and disposition: \_\_\_\_\_
14. Is appellant incarcerated? ☐ Yes ☐ No
 

If yes, where: \_\_\_\_\_

If no, address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
15. Has appellant moved for release pending appeal in District Court? ☐ Yes ☐ No
 

If yes, date filed \_\_\_\_\_ Disposition: \_\_\_\_\_

If no, does defendant intend to file such a motion in the District Court? ☐ Yes ☐ No
16. Will appellant file a motion for release pending appeal in court of appeals? ☐ Yes ☐ No
17. Did appellant have court-appointed counsel in District Court? ☐ Yes ☐ No
18. Does counsel appointed in District Court wish to continue on appeal? ☐ Yes ☐ No
19. Did defendant have retained counsel in district court? ☐ Yes ☐ No
 

If yes, will case proceed on appeal with retained counsel? ☐ Yes ☐ No

If no, will appellant seek appointment of counsel on appeal? ☐ Yes ☐ No

If no, has a motion to proceed in forma pauperis been filed? ☐ Yes ☐ No
20. Has counsel ordered transcripts? ☐ Yes ☐ No
21. If yes, from what proceedings: \_\_\_\_\_
22. If yes, when will transcripts be completed? \_\_\_\_\_
23. Did counsel seek expedited preparation of sentencing transcripts? ☐ Yes ☐ No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Party \_\_\_\_\_

Firm Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**Note:** In all appeals of sentences of 8 months or less trial counsel is required to prosecute the appeal of the sentence. If counsel for any other party believes that the information submitted is inaccurate or incomplete, counsel may so advise the Clerk within 7 calendar days by letter, with copies to all other parties, specifically referring to the challenged statement. Attach a certificate of service to this form.